

European chemical workers etc

There is no 'safe' level of exposure to asbestos. None whatsoever.

p14) "One standard measurement used to show dust concentrations is the number of fibres found in one cubic metre of air. An average person would be expected to breathe between 4 to 8 cubic metres (m<sup>3</sup>) of air in a normal working day (8 hours) depending on size of individual and the level of exertion. Trimming asbestos cement makes a dust concentration of about 2.5 million fibres in every cubic metre of air, according to Swedish figures, and 4 million fibres/m<sup>3</sup> near an asbestos textile operation which lines up asbestos fibres (carding). In one school in the USA with an asbestos roof, 3.8 million fibres were found in every cubic metre of air. Workers exposed to the asbestos carding process described above throughout an 8-hour working day would therefore be breathing into their lungs some 16-32 MILLION tiny fibres every day and the American school children not much less. Any ONE of these fibres might prove the origin of fatal disease."

"Fibres rejected from the lungs leave minute scars as the wounds heal and those that remain develop around them secretions which harden and may stick to the lung and its containing walls."

"Of the total asbestos-induced cancers, 80 per cent are in the lungs, 10 per cent are of the lining of the lungs and intestines, and 10 per cent in other sites - particularly throat, intestines and stomach. One authority estimates that asbestos may cause up to 17 per cent of all cancers in the USA...."

"If the numbers of implanted fibres or scars from rejected fibres increase with repeated exposures it is obvious that the delicate and flexible tissues in different parts of the lung begin to lose their flexibility and contract. This is fibrosis. As the process continues the lungs lose the ability to deliver oxygen to the blood. The person loses the ability to breathe. He or she has asbestosis and may take anything up to five years to die a slow and degenerative death or to struggle on as an increasingly disabled person until some other illness causes death. Asbestosis doesn't stop its relentless progress when the person is removed from exposure to asbestos dust."

"At one time causes of death among workers exposed to asbestos were pneumonia or influenza...but when better general health conditions developed and antibiotics and other drugs attacked pneumonia and other respiratory diseases, asbestosis sufferers were observed to die from another frequent cause - cancer. Then came the discovery that some individuals, for reasons unknown, could develop lung cancer and mesothelioma after just ONE exposure." To give an idea of how seriously we can take this last discovery; when it came to light "the world's largest asbestos multinational was so concerned it moved its executive-offices into the purest air in the USA - the Rocky Mountains..."

"Studies by independent scientific authorities indicate that anyone whose work involves exposure to asbestos has OVER FIVE TIMES THE CHANCE OF DYING FROM LUNG CANCER (NY Academy of Sciences 1979)

compared to the average industrial worker who is not exposed to asbestos. In the high asbestos exposure occupation of insulation installation almost half the workers eventually die from asbestos disease."

"Another multinational PR emphasis... (because) mesothelioma is the one cancer known to be caused only by asbestos (and) is relatively rare in the population at large, manufacturers encourage the belief that mesothelioma is the only form of cancer proven to be caused by asbestos". This is not true. Mesothelioma is the cancer of the membranes lining the lungs and intestines. It accounts for just 10 per cent of cancers which have been proven to be induced by exposure to asbestos: 80 per cent of asbestos cancers are lung cancers and a further 10 per cent are other types of cancers, and asbestos also kills by inducing asbestosis. To concentrate on mesothelioma is to concentrate on the minor killer at the expense of the major killer effects." "The multinationals adopt this position because the lower level of risk reported, the less opposition to the continued use of asbestos, the less pressure for expensive control equipment and the less they pay out in compensation."

#### BLUE against WHITE:

The blue against white argument is based on early studies of South African miners and rests on the shaky grounds that the smaller the diameter of the fibre the greater the cancer risk (blue is smaller and more brittle than white). But independent authorities consistently challenge this proposition. Maybe blue is slightly more dangerous under certain circumstances and for certain cancers in certain individuals. This like saying a needle is more dangerous than a pin - but BOTH hurt and blind if you get them in the eye. ALL asbestos MUST be regulated."

#### LOCKED IN: the new excuse

the idea that asbestos 'locked-in' (embedded in) plastic and cement was not dangerous. If we accept this argument then almost all uses of asbestos become okay! But evidence that these 'locked-in' fibres were escaping has become overwhelming. Fibres are actually released even from normal wear and tear and weathering on vinyl plastic floor tiles and asbestos roofing slates. Even more important, 'locked-in' materials get cut up and sawn and drilled. Even transporting asbestos/concrete slabs produces asbestos fibres in the air - sometimes more than actual sawing.

#### FIBRE MODIFICATION

the idea that asbestos-disease is caused not by the actual asbestos fibre by an unknown chemical substance present upon it. The next step is to argue that if we 'cleanse' the fibre by medical treatment we get rid of these unknown substances and so the fibre itself becomes 'safe'. (p 31 for fuller details on why we don't take this seriously)